

**Vermont Department for Children and Families  
Consent to Release Results of Client Drug Testing**

**Name of Client:** \_\_\_\_\_ **Date of Test:** \_\_\_\_\_

**Name of organization/individual releasing information:**

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**Release Information to the Department for Children and Families, Family Services Division**

**Test Results:**

**NEGATIVE**

- ☐ Cocaine
- ☐ M-Amp
- ☐ PCP
- ☐ THC
- ☐ OPI
- ☐ AMP
- ☐ Other \_\_\_\_\_

**POSITIVE**

- ☐ Cocaine
- ☐ M-Amp
- ☐ PCP
- ☐ THC
- ☐ OPI
- ☐ AMP
- ☐ Other \_\_\_\_\_

**I gave my consent for this drug test to be performed.** I have been given a copy of the policy entitled, "Drug Testing Youth." I understand that if Family Court intervention is necessary in my case, Family Services may release the results of this test to the Family Court. My signature does not imply that I agree with the results.

**The purpose of this drug testing and disclosure/redisclosure is:** To assist in the determination of eligibility for services; to contribute to the development of a treatment plan (if necessary); and for admission in any future legal proceedings held on behalf of the best interests of the child. ." I understand that if out of home placement is necessary; Family Services may release the results of this test to my placement provider.

**I understand that authorization for disclosure/redisclosure may be withdrawn, by written request by me, at any time except to the extent that action has been taken in reliance upon it.**

**I understand that this authorization for disclosure/redisclosure will expire when DCF closes this case and any intervention resulting from the case including Court involvement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_